CHAPTER OVERVIEW:

This chapter describes the procedures for assisting a family in developing a plan for change.

3.1 Definition and Purpose

The Family Plan for Change, CS-16b, is the written working agreement between the family and the Children's Service Worker. It documents what each party agrees is required to address the family's service needs. The service needs are identified during the family assessment process.

The Family Plan for Change has four (4) purposes:

1. To provide overall structure and direction to the casework process;

2. To document the family's willingness to participate in treatment services and the Division's willingness to assist by providing services;

3. To provide an instrument to evaluate case progress and accountability of participants; and,

4. To document the required reasonable efforts on behalf of the Division to prevent the out-of-home placement of children.

NOTE: The CS-16b, Family Plan for Change, is primarily intended to be used with intact families. However, the philosophical approach and process used in developing a plan can be applied to out-of-home care situations.

Social work literature uses various terms to describe the components of formal written agreements between Children's Service Workers and their clients. For our purposes, the main components of the Family Plan for Change are identified as:

- **Treatment goals** which identify what the family is to accomplish in the time-limited treatment process; and,

- **Tasks** which the family members and the agency will do to help the family reach the treatment goals.

Because of the relationship between the Family Assessment and the Family Plan for Change, both are included in the CS-16, the Family Assessment packet.

3.2 Policy Requirement

If the assessment process has determined the family is eligible and in need of services through the Division, a Family Plan for Change, CS-16b, must be completed on all cases open for treatment services, including shared IM/CS cases where the family is reaching their lifetime limit.

The plan is to be developed immediately after the family assessment is completed. It should be discussed with the family in the home. The assessment and treatment plan shall be completed within 30 days from case assignment.

The plan will be handwritten in a clear, legible manner. Self-carboning paper within the packet enables the Children's Service Worker to leave a copy with the family upon completion. The Children's Service Worker will provide the family with a copy of the Family Plan for Change.

A typed copy can be sent to the family later if required by local procedures or the court.

3.2.1 Family Support Team (FST) Meeting With Families Reaching TANF Lifetime Limit

Related Subject: Section 4, Chapter 10.4.1a Reunification Goals

3.3 Children's Service Worker and Supervisor Considerations

1. Decide which service needs of the family require immediate provision or must be provided immediately and which can be accomplished within a maximum 90-day Family Plan for Change.

2. To help the Children's Service Worker and supervisor weigh the demands of the case, the Children's Service Worker should estimate the "in-person contact frequency" and the "service intensity" that the case will require. These estimates

should be based on the SDM risk assessment or the (CS-16e) risk reassessment.

Related Subject: Section 2, Chapter 5.5.5 Assessment of Risk For Minimum Contact Guidelines for In-Home Family Cases

3. With the assistance of the family, develop a Family Treatment Plan which includes:

- **Goals**, which when achieved, will reduce levels of risk and improve family functioning;
- **Tasks**, which are written in behavioral terms, and help the family reach their goals;
- **Time limits**, which provide parameters for completion of tasks and goals.

4. Write the plan on the CS-16b and provide the family a copy.

3.4 Components of the Plan

It is essential that the plan of the family be specific about:

- WHAT the family and Children's Service Worker hope to accomplish during the treatment process (TREATMENT GOALS);
- HOW the family and Children's Service Worker intend to accomplish the defined goals (TASKS); and
- WHEN the tasks will be performed and completed (TIME LIMITATIONS).

3.4.1 Treatment Goals

Treatment goals are statements of what the Children's Service Worker and family intend to accomplish during the treatment process. Establishing sound treatment goals requires the Children's Service Worker and family to have a common understanding of what needs to be accomplished to improve family functioning. These goals must relate to the reasons for family dysfunction identified in the family assessment. They will identify what the family will be doing differently when change occurs.

Usually the family assessment will indicate several critical areas, or underlying problems, for casework intervention. Focusing upon the underlying problems requires the Children's Service Worker and family to establish desired outcomes

that will improve family functioning. The desired outcome(s) of the casework intervention is is stated in the treatment goal. The treatment goals are written on the Family Plan for Change and serve as a "roadmap" for the Division's intervention with the family.

Achievement of the goals should eliminate or decrease family dysfunction. Successful implementation should reduce risk to the children. When risk is reduced and/or eliminated, reassessment and/or case closure is considered.

Goals may reflect both direct and indirect interventions. Direct interventions address the presenting problem directly. They tend to reduce the immediate crisis and address immediate safety issues. Indirect interventions address the behaviors and circumstances that may be contributing to the presenting problem. Indirect interventions can be identified through using the technique of sequencing behaviors and by determining the function of the presenting problem (symptom).

The number of goals on the Family Plan for Change will overwhelm the family. Generally, there should be no more than two (2) goals written on the Family Plan for Change at any one time. More than one CS-16b may be needed to address the "what needs to change" issues that were identified in the assessment packet. This allows the family to focus upon one or two critical issues, build upon success and move on. Because of this, it is important for the Children's Service Worker to fully explain the rationale for limiting the number of goals on the treatment plan.

It is important also that the Children's Service Worker clearly identify goals and issues that cannot, or should not, be pursued at the present time. He/She should explain that there may be other identified treatment goals if it appears that more than one treatment period will be necessary. Furthermore, more than one CS-16b may be used within a treatment period to cover all the goals that need to be addressed. Identifying the most critical treatment goals with the family, then planning the order in which each goal will be addressed, should help the family work through the treatment plan.

By establishing goals related directly to an underlying problem and selecting the easiest goals first, the Children's Service Worker and family can help facilitate a successful plan.

The specified goals should be:

- Clearly phrased in a manner that is concise and understandable by the family;

- Written in behaviorally specific terms and identify what the family will be doing differently when change occurs. Goals should not be defined as services. For instance, rather than having a goal identified as "Mrs.

Jones will attend parenting classes," the goal should focus on what needs to be achieved by her attendance at parenting classes;

- Measurable and time-limited. Behaviors which can be measured by frequency within certain time frames will enable the Children's Service Worker and family to evaluate progress;

- Realistically obtainable and recognize minimally acceptable expectations and standards; and

- Mutually agreed upon by the Children's Service Worker and family. The skills of the Children's Service Worker must be utilized to set goals **with** the family and not for them.

When possible, goals should identify increments of change to allow the family and the Children's Service Worker to see that change is beginning to occur.

NOTE: Using increments may not be possible with goals that directly address physical and sexual abuse, and other immediate safety issues.

For example, an 18-month old child is left alone several times throughout the week. We cannot establish a direct goal to eliminate the lack of supervision incrementally (i.e., the child is left alone only one day per week). A toddler cannot be left alone for any amount of time; change must occur rapidly to ensure the child's safety. The necessary change to ensure the child's safety will be a direct goal that addresses the presenting problem and will be behaviorally specific. Indirect goals, to address contributing and underlying factors, may be used in conjunction with the direct goal. Indirect goals may be written incrementally and will also be behaviorally specific.

The time frames for the goals may vary. The time frames may be written into the goal itself, or specified in the time limit section of the CS-16b. Also, more than one CS-16b may be used in a treatment period to allow for goals of differing time frames.

Short-term goals will be more easily and quickly obtainable. They provide the family some measure of success within a brief period of time. Long-term goals will require a longer period of time. Generally, they are more difficult and will require more consistent effort on the part of the family. Subsequent treatment periods which build upon previous successes, may be required for accomplishment of long-term goals. Accomplishing long-term goals should result in the achievement by the family of a minimal level of functioning.

3.4.2 Treatment Tasks

To achieve a treatment goal(s), the Children's Service Worker and family must identify tasks that, when completed, will achieve the specific goal(s). Tasks can be specified for the family unit, an individual, Children's Service Worker, or other provider or resource.

The Children's Service Worker must take care not to overwhelm the family with tasks. The number of tasks for the Children's Service Worker and the family should be roughly the same. The tasks of the Children's Service Worker should complement the tasks of the family. They should encourage family empowerment and enhance the family's ability to solve problems. To help prevent failure, family tasks should take into account the following:

- The cognitive and social abilities of the family members;
- The family's level of cooperation and motivation;
- The ability and willingness of the family to use community resources; and
- Practical limitations, such as transportation.

3.4.3 Time Limits

Time limits must be included in the plan. Recognizing that families have a right to be free of unnecessary interference, Division intervention should not be open-ended.

The intervention process consists of treatment periods, with a treatment period defined as a maximum 120 days. A treatment period is defined as the time necessary to complete a Family-Centered Services Assessment or reassessment (maximum 30 days), and the time allotted (maximum 90 days), to address the issues identified in the assessment/reassessment. The CS-16b, Family Plan for Change, is used to document the case goals in addition to what the family, Children's Service Worker, and others will do to accomplish the case goals during the 90 day period. In some instances, it may be beneficial to use more than one CS-16b during this 90 - day period. A formal evaluation of the case is required by the Children's Service Worker and supervisor at the end of the treatment period.

Related Subject: Chapter 7.1, of this section, Policy Requirements Related to the Evaluation.

Time limits are needed to evaluate the success of the specific goals and tasks. They help the Children's Service Worker and family to measure progress on an

ongoing basis and help prevent the family from being overwhelmed. Measuring progress in time increments make goal attainment more manageable. More than one CS-16b may be used in a treatment period to allow for goals of differing time frames.

It is important not to mislead the family when discussing the time limits of the Family Plan for Change with the family. The Children's Service Worker should explain that, depending on case progress, more than one CS-16b might be used, or successive treatment periods may be necessary.

The maximum length of a CS-16b, Family Plan for Change, is 90 days from the date it is signed by the family members. Treatment goals that are identified in the plan are expected to be achieved during this period.

If it appears that unresolved treatment issues exist at the end of the treatment period, the Children's Service Worker and supervisor must decide, based on assessed risk, if the case should remain open. A new assessment and treatment plan is due within 30 days of the expiration of the treatment period.

3.4.4 Potential for Juvenile Court Referral

When appropriate, the plan should identify what the response of the Division will be if the family refuses, or is unable, to accomplish the goals in the Family Plan for Change. The consequences should be discussed during the negotiation of the plan. This information is particularly important if the case was opened due to a "Preponderance of Evidence" CA/N determination. Out-of-home placement may be necessary because the risk of harm is assessed as high, or because of previous court involvement. This information should be written in "Additional Information" segment of the Family Treatment Plan.

3.5 Development of the Plan

The language in the plan shall be clear and understandable to the family. The plan must be written in simple, behaviorally specific, descriptive terms.

Below are five (5) steps that are important in developing an effective treatment plan with the family:

1. The Children's Service Worker shall actively involve the family in the planning process. As in the family assessment process, the treatment plan is developed **with** the family, not for them. Family involvement serves to:

    - Facilitate the development of a therapeutic alliance between the family and Children's Service Worker. It provides evidence that the feelings and concerns of the family have been heard and considered;

- Promote the investment of the family in the treatment process. People who are involved are more likely to change;

- Empower parents to take the necessary actions to change dysfunctional behavior patterns; and

- Help ensure that the Children's Service Worker and family are working toward the same end.

Initially, the family and Children's Service Worker may have differing perspectives on the reasons for the Division's intervention. The Children's Service Worker's active efforts to involve family members in the assessment and planning process are essential in overcoming these obstacles.

2. The Children's Service Worker and family shall select reasonable and achievable goals and tasks that address identified risk factors. Important points to consider when selecting goals and tasks are:

   - Goals and tasks should be behaviorally stated so that the family and Children's Service Worker know when change has occurred;

   - Goals and tasks should be phrased in a positive manner. They should specify what change needs to take place, not what should be stopped;

   - Goals and tasks should be phrased in a clear and understandable language;

   - Tasks should be very specific. The family members should know exactly what has to be done within the specified time frame; and

   - Initial tasks should be meaningful to the person or family. They should be achievable in a two (2) to four (4) week period. These tasks should be viewed as a need and a priority by the family member(s).

3. The Children's Service Worker shall address the relevant needs and risk factors identified in the assessment. The family's strengths and resources are to be considered when determining the tasks needed to achieve treatment goals. The Children's Service Worker should:

   - Consider the environmental and other influences upon the family. Start where the family members are and help them select goals which can realistically be achieved in the time frame; and

   - Recognize and reinforce family efforts. Acknowledge their achievements.

4. The Children's Service Worker shall be able to document what all participants in the plan will do and when. Therefore, the plan should:

   - Describe what family members, the Children's Service Worker, and any other service provider, will do; and

   - Identify time frames for accomplishing each task and the overall treatment goals. Treatment plans must not exceed 90 days.

5. The participants (the Children's Service Worker, family, and service providers) shall decide how they will determine achievements and goal attainment. The Children's Service Worker should:

   - Specify when the plan will be reviewed. This review will include the Children's Service Worker and the family members. It will evaluate case progress and the need for plan revision; and

   - Confer regularly with any service provider. Agree on a method of ongoing communication to evaluate the effectiveness of the services of the provider to the family. (Marsha Salus, 1988)

3.6 Questions to Ask Resistant Families in Goal Planning

To identify goals to work on in a Family Plan for Change, the following questions may be particularly useful when the family is resistant and may not be accepting ownership of the problem:

1. Whose idea was it that you receive services?

2. What makes the referral source (i.e., Children's Division (CD) investigator, juvenile court) think that we need to meet together?

3. What does the referral source think was the reason that you have this problem?

4. What does the referral source think will happen as a result of us meeting together?

5. What will it take to "convince" the referral source that we do not need to meet together? (This is a particularly useful question when the family denies having a problem.)

6. What will be different in your life then?

3.7 Setting Behaviorally Specific Goals

The following steps may be helpful in setting behaviorally specific goals and tasks with the family:

1. As the family responds to the questions in the preceding section, the problem is defined more explicitly. The goals that will tell the Children's Service Worker and family that the problem has been (or how it will be) resolved are discovered;

2. Develop the goal to meet the following criteria. It should:

   - Describe what the family will be doing differently when change occurs;
   - Use the client's definition of the problem, whenever possible;
   - Be achievable;
   - Phrased positively, such as "Mrs. J. will.." rather than "Mrs. Jones will not…." If people are asked to give up a behavior, an alternative behavior that meets the underlying need should be identified; and
   - Identify increments of change, whenever possible, so the Children's Service Worker and family can monitor progress.

   NOTE: Using increments may not be appropriate with goals that directly address physical and sexual abuse, and other immediate safety issues.

3. Brainstorm with the family about what action, steps, or tasks, will be necessary to achieve the goal(s); and
4. Assist the family in the provider selection process to meet the treatment goals.

3.7.1 Use of the Scaling Technique

Scaling is a useful method to create specificity in goals and identify increments of change. Numbers, from 1 to 10, are used to describe a person's behavior, the frequency of behavior, or a person's feelings.

On a scale from 1 to 10, with 1 being never and 10 being constant, we ask the person to pick a number to describe how often the behavior occurs now. Once this is done, you can establish a number they would like to be at by a certain date. This becomes a marker, or increment of change. Once this increment is reached, additional increments, or scaling numbers, can be set and reached.

3.8 Family Approval

As the Family Plan for Change is to reflect a cooperative agreement between the Children's Service Worker and the family, the parent(s) or caretaker(s) should sign the plan. Other family members should sign the plan, if needed.

The plan will be written on the designated self-carboning page, CS-16b, included in the CS-16 packet, the Family Assessment. The Children's Service Worker should make an effort to elicit family participation in the planning process. This process should be as informal as possible. The family's approval of the plan should convey their agreement to the goals and requirements of the plan.

Family refusal to sign the plan should not automatically indicate their refusal to participate in treatment services. If they refuse to sign, yet agree to participate, a copy of the plan shall still be provided to them.

If the family refuses to participate in the planning process, the Children's Service worker shall consult with his/her supervisor to decide the appropriate action to take.

Related Subject: Chapter 2.5, of this section, Family Refusal of Services.

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